## L170001267444

Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

ΓΟ: Registration Division of C			
	N BROS CONSULTING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
	spondence concerning this matter		
	Jesse Fulton		
	<del></del>	Name of Person	
	Fulton Law PLLC		
		Firm/Company	
	2100 SW 16th Terrace		
		Address	
	Ft. Lauderdale, FL 3331	5	
		City/State and Zip Code	
	fultonjesse12@gmail.com		···
		to be used for future annual report noti	(fication)
For further informatio	n concerning this matter, please of	all:	
Jesse Fulton		954 4391511 at ()	
Nan	ne of Person		ne Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	utian
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULTON BROS CONSULTING	LLC	
(Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	iability Company were filed on 06/09/2017 and assign	ned
Florida document number L17000126744	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
Fulton Law PLLC		
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
R If amending the registered agent and/or r	registered office address on our records, enter the name of the new i	regist
agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			Remove
			□Add
		<del></del>	Remove
			Change
			□Add
			\ \ \_ Remove
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			Change
<del></del>			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change

	urpose of this professional limited liability company is to engage in any lawful activity for which profe
limited	I liability companies may be organized in the state of Florida, specifically as it relates to
provid	ling legal advising, consulting, and litigation services
<del>,</del>	
n effective i <mark>te:</mark> If the	ate, if other than the date of filing:
ecord spe is tiled.	cities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ted	0/26/21

D.

E.

Filing Fee: \$25.00